

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

APPLICANT(S)

FILING DATE

10-629914

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/	/				
2		/				
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TOTAL IND.	<i>2</i>	<i>5</i>		<i>5</i>		<i>5</i>
TOTAL DEP.	<i>7</i>	<i>5</i>		<i>5</i>		<i>5</i>
TOTAL CLAIMS	<i>10</i>	<i>10</i>		<i>10</i>		<i>10</i>

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.		<i>5</i>		<i>5</i>		<i>5</i>
TOTAL DEP.		<i>5</i>		<i>5</i>		<i>5</i>
TOTAL CLAIMS		<i>10</i>		<i>10</i>		<i>10</i>